

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
Centers for Disease Control and Prevention
National Center for Injury Prevention and Control**

Board of Scientific Counselors

**Fifteenth Meeting
August 11, 2014
Summary Report**

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
Centers for Disease Control and Prevention (CDC)
National Center for Injury Prevention and Control (NCIPC)**

BOARD OF SCIENTIFIC COUNSELORS (BSC)

Fifteenth Meeting: August 11, 2014

Via Teleconference

Summary Proceedings

The fifteenth meeting of the National Center for Injury Prevention and Control (NCIPC) Board of Scientific Counselors (BSC) took place via teleconference on Tuesday, August 11, 2014. The BSC met in closed session for secondary review in accordance with the Privacy Act and the Federal Advisory Committee Act (FACA). Dr. Angela Mickalide served as chair.

Call to Order / Introductions

Dr. Angela Mickalide
Executive Director
Emergency Medical Services for Children's National Resource Center
Children's National Health System
Member and Acting Chair, NCIPC Board of Scientific Counselors

Dr. Angela Mickalide called to order the fifteenth meeting of the National Center for Injury Prevention and Control (NCIPC) Board of Scientific Counselors (BSC) at 2:00 pm on Monday, August 11, 2014. She provided the BSC members with an overview of their responsibilities during the secondary review process, explaining that the purpose of this portion of the meeting was to perform secondary peer review for applications received in response to the NCIPC Funding Opportunity Funding Announcement (FOA) recommended for further consideration from the NCIPC Initial Peer Review Panel. Secondary review consists of the review and discussion of the programmatic merits of the applications. It is not for the purpose of another peer review for scientific and technical merit, which were already performed by the NCIPC Initial Peer Review Panel. Generally, the results of the peer review panel are accepted unless the BSC recommends a different funding priority based on shifting priorities, new and innovative work, or work that fills important gaps in the field of injury prevention and control research as stipulated in the FOA. The voting members of the BSC will vote with the assistance, advice, and guidance provided by the BSC federal agency liaisons. Budget and other considerations can be discussed and recommended to the NCIPC director. Following the secondary review meeting, the results of the vote are compiled and forwarded to the NCIPC director for the final funding decisions. NCIPC staff familiar with the FOA can also offer guidance when called upon or requested by the BSC members. Staff from CDC's Procurement and Grants Office (PGO) may also answer questions and provide guidance as needed during the meeting. Dr. Mickalide requested that at this time, Mrs. Tonia Lindley conduct an official roll call.

Mrs. Tonia Lindley conducted a roll call of BSC members and established that a quorum was present. A list of meeting attendees is provided with this document as Attachment A.

Charge for the Secondary Review Process

Capt. (USPHS) Mildred Williams-Johnson, PhD, DABT
Director, Extramural Research Program Office
National Center of Injury Prevention and Control
Centers for Disease Control and Prevention

Dr. Mildred Williams-Johnson provided the charge, confidentiality, conflict of interest (COI), and voting procedures. She explained that the role of the BSC is to perform a secondary review of applications received in response to NCIPC FOAs. During this meeting, the NCIPC secondary review panel was charged with performing a secondary review of applications received in response to the following FOA:

- ☐ RFA CE14-005, Evaluating Promising Strategies to Build the Evidence Base for Sexual Violence Prevention

The NCIPC secondary review panel also was charged with revisiting the applications received in response to the following FOA in light of responses to questions they raised during the July 29, 2014, NCIPC BSC meeting:

- ☐ Revisit RFA CE14-004, Research on Integration of Injury Prevention in Health Systems

The initial merit peer review for applications submitted in response to CE14-005 and RFA CE14-004 were conducted on July 30th and June 3rd of 2014, respectively. Criteria to be used by the BSC in making recommendations during this meeting included the following:

- ☐ The scientific and technical merit of the proposed research applications as determined by the scientific peer reviews and represented on the application score sheet
- ☐ The availability of funds
- ☐ The relevance of the proposed projects to program priorities
- ☐ Geographic balance

Geographic balance of the applications under consideration was not required in the FOA; however, if a sufficient number of scientifically meritorious applications are received, then geographic balance across states and regions of the US may be taken into consideration by the NCIPC Director in making final funding decisions.

During the primary review, each member of the panel scored the applications using a range from one to nine, with one being the best and nine being the worst. Each application was assessed on its own merit, and applications were not compared against one another. Each application was given an overall impact score that reflected the primary review panel's collective assessment of the scientific and technical merit of the application. Scores given to the applicants and those shown in the staff analysis were multiplied by a factor of 10. This is consistent with the CDC and NIH Scoring Calibration Guide, which divides these scores into three categories for impact:

- ☐ High Impact: 1 to 3 (10 to 30)
- ☐ Medium Impact: 4 to 6 (40 to 60)
- ☐ Low Impact: 7 to 9 (70 to 90)

Summary statements are a compilation of the written critiques provided by the three panel members who reviewed each application in detail. The critiques outline the strengths and weaknesses of an application as viewed by the assigned reviewers. The résumé portion of the summary statement captures the discussion, issues, views, and opinions of the entire panel. Therefore, this section of the summary statement is very important because it reflects the views of the entire panel.

Dr. Williams-Johnson pointed out that Dr. Mickalide would serve as chair during this meeting, given that Dr. Fowler was recused from the secondary review discussion, and would lead and facilitate the meeting with the assistance of the Extramural Research Program Office (ERPO) staff and the division staff involved in the development of this FOA.

It is important that all persons associated with the review have no conflict of interest (COI) or the appearance of a COI. If a person attending the review has a vested interest in the outcome of the review or could be viewed by a reasonable person as having the appearance of a vested interest in the outcome, then he or she may not participate in the review. The BSC member and his or her family must not benefit from the outcome of the review. If a BSC member has a relationship with an applicant involving consulting, trusteeship, or prospective employment, the member is considered to be in conflict and cannot participate in the discussion of the application. Further, a BSC member is in conflict if he or she has co-authored publications with an applicant within the last three years. COI for applications to be considered in this secondary review were requested, and conflicts were identified. BSC members in conflict recused themselves from discussion of those applications.

All information discussed in the secondary review is confidential, as are the applications, summary statements, reviews of the applications, and any notes that a BSC member may record. After the meeting is adjourned, any meeting materials and hard-copy information should be shredded. Any electronic files relevant to the review should be destroyed.

The BSC's recommendations will not be released and cannot be obtained by applicants. All discussions during the meeting and the outcome of the review are strictly confidential. BSC members should not discuss the proceedings or the outcome of the review at any time with any applicant or with anyone other than appropriate CDC staff associated with each of the FOAs. If a BSC member is contacted by an applicant, he or she should politely decline to discuss the review and suggest that the applicant contact CDC. The BSC member should then inform CDC if he or she has been contacted by any applicant. Violation of confidentiality can result in fines and/or imprisonment.

The procedure for the secondary review was as follows:

- ☐ Each of the scientific program officials provided an overview of the FOA for which he or she is responsible, followed by a presentation of the staff recommendations that were developed in collaboration with NCIPC division staff and the ERPO staff.
- ☐ The secondary review panel discussed the applications and voted on the recommendations for funding for each FOA.

The voting sheet provided to the BSC included the applications that were recommended for funding and the level at which funding will be cut off. Dr. Williams-Johnson explained that the voting regarding the funding order did not have to be unanimous; however, if two or more BSC members supported funding the applications in a different order, a minority report in which the dissenting panel members articulate their reasons for funding applications in a different order would be required on the voting sheet. A panel member may abstain from voting, but the abstention must be noted on the voting sheet. Participating panel members were instructed to submit signed original copies of the voting sheet to Mrs. Lindley.

At this time, Dr. Mickalide excused Drs. Fowler, Nation, and Testa from the teleconference during the review of CE14-005. Drs. Nation and Testa were invited to return for the brief discussion concerning an issue raised pertaining to CE14-004. Dr. Fowler was not present for the CE14-004 discussion due to a COI with those applications.

Secondary Review Process

CD-14-005: Evaluating Promising Strategies to Build the Evidence Base for Sexual Violence Prevention

Daniel Holcomb, PhD
Scientific Program Officer
National Center for Injury Prevention and Control
Centers for Disease Control and Prevention

Dr. Holcomb informed the BSC that NCIPC has approximately \$900,000 available in both direct and indirect funds in fiscal year (FY) 2014 to fund up to two (2) awards under this announcement. The anticipated start date for new awards is September 30, 2014. The maximum award amount will be \$450,000 per year, which includes both direct and indirect costs for the first 12-month budget period for each grant. Applicants were permitted to request funding for a project period of up to four years, with a maximum of \$450,000 per year. This is a cooperative agreement.

One promising but understudied intervention to address the problem of sexual abuse and intimate partner violence (IPV) involves engaging men and boys as allies and agents of change in the prevention of sexual violence (SV). A second critical gap in the SV prevention field involves the lack of strategies targeting community-level risk and protective factors through the use of structural, environmental, and/or policy interventions. The research funded under this announcement will address these priorities by rigorously evaluating programs, strategies, or policies for impact on the rates of SV perpetration in one of two areas: 1) strategies that engage boys and men, or 2) structural, environmental, and/or policy interventions. Although the primary focus of research conducted with these funds should be on reducing SV perpetration, the inclusion of other violence-related outcomes was also encouraged.

A total of seven (7) applications were received by CDC in response to this solicitation. NCIPC staff evaluated these applications for responsiveness. Two (2) of the applications were determined to be non-responsive and were not forwarded to peer review. On May 14, 2014 and July 30, 2014 the initial peer review panel was convened to review the remaining five (5) applications via teleconference. The review panel members were selected for their expertise related to the applications being considered. The 5 applications were discussed in detail by the review panel, and the scores for those applications ranged from 20 to 68.

NCIPC staff recommended funding the top two scoring applications in rank order. The proposed funding total for these two applications is \$890,410. The two applications are from:

- ☐ Orchowski, Rhode Island Hospital
- ☐ Miller, University of Pittsburgh

Secondary Review Discussion / Vote

Dr. Allegrante noted that the announcement points out that there is a critical gap in what is known about engaging at the community level, particularly with regard to organizational, structural, and policy level approaches. Having read the summary sheets and critiques for the two staff-recommended proposals, he was curious as to whether the staff members believe that the work being proposed is sufficiently responsive to this critical gap area. His sense was that they were still funding research that was largely focused on changing individual level, personal psychology about the problem versus more innovative approaches that address structure and policy.

Dr. Ferdon of the Division of Violence Prevention (DVP) responded that to some extent, they received what they were looking for. The FOA included two priorities, one of which was to evaluate approaches that do a better job of engaging young men and boys as allies and components of agents of change. The second priority focused on community level intervention. Both of these interventions fell within the first focus area, which is the engagement of boys and men. This is definitely a gap, so it does achieve the goal of trying to address that gap. It would have been nice also to have an application that addressed community level change that ranked higher; however, DVP staff members do feel that the two applications that ranked the highest are strong and that is why they recommended funding them in the proposed order.

While this corroborated his sense as well, **Dr. Allegrante** emphasized that this clearly continues to be a problem. This is not only the case in unintentional injury control and prevention, but also is a gap in other areas as well.

Vote: CE14-005

Dr. Gorman-Smith moved to accept the NCIPC staff recommendations regarding applications submitted in response to RFA CE14-005, Evaluating Promising Strategies to Build the Evidence Base for Sexual Violence Prevention. **Dr. Forjough** seconded the motion. The motion passed unanimously with no abstentions.

Revisit CE14:004: Research on Integration of Injury Prevention in Health Systems

Capt. (USPHS) Mildred Williams-Johnson, PhD, DABT
Director, Extramural Research Program Office
National Center of Injury Prevention and Control
Centers for Disease Control and Prevention

Paul Smutz, PhD
Extramural Research Program Office
National Center for Injury Prevention and Control
Centers for Disease Control and Prevention

Dr. Williams-Johnson indicated that the purpose of this session was for ERPO to bring back some findings to the NCIPC BSC pertaining to questions raised during the initial secondary review process. As part of the discussion of applications under CE14-004, Research on Integration of Injury Prevention in Health Systems, a question was raised by Dr. Porucznik regarding an application that was received from the University of North Carolina's Injury Prevention Research Center (UNC IPRC) application. The content of that application was directed toward research regarding prescription drug overdose. The question pertained to whether there was any overlap between the application from the UNC IPRC and the application under consideration under CE14-004. The applications were submitted by the same Principal Investigator (PI), Dr. Ringwald.

In the course of the discussions during the initial secondary review, the NCIPC BSC recommended to accept staff recommendations for funding. This included funding to Dr. Ringwald and for applications scoring better than 40 from peer review. That included the application from Dr. Janet Baird from Rhode Island Hospital. In response to the BSC's questions regarding the applications from UNC and the IPRC under CE14-001 and under CE14-004, the ERPO office in consultation with the Division of Unintentional Injury Prevention (DUIP) reviewed the applications from Dr. Ringwald from both CE14-001 and CE14-004. At this point, Dr. Williams-Johnson called upon Dr. Paul Smutz to share the findings and requested that the NCIPC BSC subsequently consider this information in revisiting the recommendation for funding under CE14-004.

Dr. Smutz first offered an apology to the BSC, given that during the initial secondary review he stated that he did not think that Dr. Ringwald was a PI on one of the projects for CE14-001 for the UNC IPRC. However, that was incorrect as Dr. Ringwald is the PI on the fourth research project for the UNC IPRC. In reviewing the descriptions for the applications submitted to CE14-001 and CE14-004, it was determined that not only was there overlap, but also the applications were virtually identical. There are some slight differences, but the application submitted to CE14-004 is largely the same as the application submitted to CE14-001. Both of these applications focus on the change to North Carolina's Prescription Drug Monitoring Program (PDMP) law to include sanctioned proactive reporting. Both applications propose to assess the pre- and post-implementation of this law, and both will use the same dataset and largely the same measures. The application for CE14-004 proposes to assess 21 months before and 21 months after implementation of the law, while the application for CE14-001 proposes to assess 36 months before and 36 months after implementation of the law.

In consultation with DUIP, the determination was made that the two applications were similar enough that CDC could not justify funding both as this basically would constitute funding the same application twice. In agreement with DUIP, NCIPC staff recommended funding the top scoring application, Seymour from Carolinas Medical Center, skip the Ringwald application, and fund the third ranked application, Baird from Rhode Island Hospital with a priority score of 38. Even though the Baird application is about 10 points lower than the Ringwald application, NCIPC consulted with DUIP. DUIP felt that because this is a cooperative agreement, despite the concerns raised during the initial peer review, the issues do not represent fatal flaws and can be overcome, and funding the Baird application would be a good use of NCIPC funds.

Secondary Review Discussion / Vote

Dr. Porucznik inquired as to whether this was typical. She thought perhaps this situation occurred because the reviews for these applications occurred within such a short time period, and this was an artifact of the timeframe between the reviews. It seemed to her that if the applicants had received notification of the CE14-001 awards when the CE14-004 applications were still being reviewed, the expectation would be for the PI to withdraw the application still under consideration.

Dr. Williams-Johnson responded that as she understood the situation, the CE14-001 applications were due in Fall 2013 and the CE14-004 was due in Spring 2014. She did not know that the timing would have helped in this scenario, given that the decision for funding for CE14-001 would not have been made until the time that it was. NCIPC does not have the three-cycle process that the National Institutes of Health (NIH) has, so it was just a matter of the applicant submitting a proposal under two FOAs for consideration to see how it panned out.

While **Dr. Porucznik** thought this was a perfectly reasonable strategy, it seemed unfortunate that it meant additional work had to occur for this outcome.

Dr. Williams-Johnson stressed that NCIPC would not have been able to request that the applicant withdraw one application over another until the reviews were fully completed.

Dr. Feucht inquired as to whether there is any guidance in the FOAs that applicants notify CDC of applications being submitted elsewhere under simultaneous consideration.

Dr. Williams-Johnson replied that this is under discussion, and the language that is included in the FOA has been strengthened. Generally, applicants are asked to report all of their pending applications as a part of their biographical information. However, that is not always enough information to determine whether applications are duplicative.

Dr. Smutz added that there is some general language included in the FOA, and there is discussion about strengthening this language further. The language basically indicates that an applicant cannot be funded for the same work by the same agency or different agencies within the federal government. However, the language is not very strong and does not specify that if an application has been submitted to one agency it cannot be submitted to another. Nor does the language state that if an application has been submitted elsewhere, that has to be indicated in the application submitted to a second agency. This is a gray area, but the ERPO staff will be working with CDC's Procurement and Grants Office (PGO) to try to further strengthen the language to keep this from occurring in the future.

Dr. Feucht requested that he be informed about how CDC resolves this, assuring them that they are not alone in wrestling with this issue. In some sense, in a fair and level playing field, people should be allowed to submit to whomever.

Dr. Smutz stressed that at the moment, they have more questions than answers. There are two sides to this story. One is that if he submits an application to NIH, does that mean that he cannot submit that same idea other places while he waits six months to a year to hear about it? Conversely, is it fair for him to submit an application to multiple organizations and force a peer review of the application? The answer lies somewhere in between, and there is a struggle with exactly where the lines are and what the answers are.

Dr. Porucznik asked whether Dr. Ringwald would receive the review sheets from this review.

Dr. Williams-Johnson responded that he will receive the reviews, and because the funding to the ICRCs has been completed, there will be an opportunity for the program to take advantage of any revisions that he might entertain from both applications. The ICRC funding is over a longer period of time.

In terms of the guidance to applicants and recalling the inability of anyone to submit the same article to peer-reviewed journals simultaneously, **Dr. Mickalide** thought that in this sense what could occur is that an individual may be funded for the same project twice. That is, an applicant theoretically could receive CDC and NIH funding. Therefore, she thinks that there needs to be some language in CDC's consideration of the guidance about the procedures for returning one of the allocations and how that decision will be made.

Dr. Williams-Johnson said they would take this under advisement in their discussions with the CDC PGO office.

Vote: Revised CE14-004

Dr. Nation moved to approve the revised NCIPC staff recommendations regarding applications submitted in response to RFA CE14-004, Research on Integration of Injury Prevention in Health Systems. **Dr. Gorman-Smith** seconded the motion. The motion passed unanimously with no abstentions.

Closing Comments / Adjourn

Dr. Angela Mickalide
Executive Director
Emergency Medical Services for Children's National Resource Center
Children's National Health System
Member and Acting Chair, NCIPC Board of Scientific Counselors

Dr. Mickalide thanked the BSC members for their work, reminding them to email the NCIPC BSC email box to provide written verification of their attendance on this teleconference and to fax all voting sheets to the ERPO office at 770-488-1662. With no announcements, questions, or comments from BSC members or federal liaisons, the meeting was officially adjourned.

Certification

I hereby certify that to the best of my knowledge, the foregoing minutes of the August 11, 2014 NCIPC BSC meeting are accurate and complete:



Date

Angela Mickalide, PhD, MCHES
Acting Chair

Attachment A: Meeting Attendance**BSC Members****John P. Allegrante, PhD**

Deputy Provost
Teachers College
Columbia University

John G. Borkowski, MD

Professor
Department of Psychology
University of Notre Dame

Samuel Forjough, MD, MPH, DrPH, FGCP

Department of Family and Community Medicine
Texas A&M Health Science Center College of Medicine

Carolyn J. Cumpsty Fowler, PhD, MPH

Assistant Professor
Johns Hopkins University School of Medicine
Bloomberg School of Public Health

Deborah Gorman-Smith, PhD

Chicago Center of Youth Violence
Chaplin Hill at University of Chicago

Robert L. Johnson, MD

Dean
University of Medicine and Dentistry
New Jersey Medical School

Angela Denise Mickalide, PhD, MCHES

Principal Investigator
Emergency Medical Services for Children National Resource Center
Children's National Health System

Maury Nation, PhD

Associate Professor
Department of Human and Organizational Development
Vanderbilt University

Robert O'Connor, MD

Professor and Chair
Department of Emergency Medicine
University of Virginia

Christina A. Porucznik, PhD, MSPH

Assistant Professor
Department of Family and Preventive Medicine
University of Utah

Maria Testa, PhD

Senior Research Scientist
Research Institute on Addictions
University of Buffalo

Federal Liaisons**Dawn Castillo, MPH**

Director
Division of Safety Research
National Institute for Occupational Safety and Health

Lisa J. Colpe, PhD, MPH

Chief, Office of Clinical and Population Epidemiology Research
Division of Services and Intervention Research
National Institute of Mental Health

Thomas E. Feucht, PhD

Executive Senior Science Advisor
National Institute of Justice

Lyndon Joseph, PhD

Health Scientist Administrator
Division of Geriatrics and Clinical Gerontology
National Institute on Aging (NIA)

CDC Staff and Others

Don Blackmon, PhD
Gwendolyn Cattledge, PhD, MSEH
Corinne Ferdon, PhD
Daniel Holcomb, PhD
Tonia Lindley
Paul Smutz, PhD
Jane Suen, DrPH
Stephanie Wallace (Cambridge Communications, Training, and Assessments)
Mildred Williams-Johnson, PhD, DABT

Attachment B: Acronyms Used in the Document

Acronym	Expansion
BSC	Board of Scientific Counselors
CDC	Centers for Disease Control and Prevention
COI	Conflict of Interest
DUIP	Division of Unintentional Injury Prevention
DVP	Division of Violence Prevention
ERPO	Extramural Research Program Office
FOA	Funding Opportunity Announcement
NCIPC	National Center for Injury Prevention and Control
NIH	National Institutes of Health
PA	Program Announcement
PDMP	Prescription Drug Monitoring Program
PI	Principal Investigator
PGO	Procurement and Grants Office
UNC IPRC	University of North Carolina Injury Prevention Research Center